

10/574645

1AP20 Rec'd PCT/PTO 29 MAR 2006

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks: 0

Number of Copies of CDs: 0

Sequence Submission?: Paper

Computer Readable From (CRF)?: Yes

Number of Copies of CRF: 1

Title: USE OF CRIPTO-1 AS A BIOMARKER FOR
NEURODEGENERATIVE DISEASE AND METHOD
OF INHIBITING PROGRESSION THEREOF

Attorney Docket Number: 251206

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets: 0

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: SALOMON
Name Suffix::
City of Residence:: Frederick
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 1187 Stillwater Court

City of mailing address:: Frederick
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21702

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nancy
Middle Name::
Family Name:: BERMAN
Name Suffix::
City of Residence:: Leawood
State or Prov. of Residence:: KS
Country of Residence:: US
Street of mailing address:: 12809 Pembroke Circle

City of mailing address:: Leawood
State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edward
Middle Name::
Family Name:: STEPHENS
Name Suffix::
City of Residence:: Kansas City
State or Prov. of Residence:: MO
Country of Residence:: US
Street of mailing address:: 5109 NW 58th Street

City of mailing address:: Kansas City
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 64151

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 45733
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

| | | | |
|-------------------|----------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/US2004/032649 | 10/01/04 |
| PCT/US2004/032649 | An application | 60/508,750 | 10/03/03 |
| | claiming the benefit | | |
| | under 35 USC | | |
| | 119(e) of | | |

FOREIGN APPLICATION INFORMATION

| | | | |
|-----------|----------------------|---------------|------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed |
|-----------|----------------------|---------------|------------------|

ASSIGNEE INFORMATION

| | |
|-----------------------------|--|
| Assignee name:: | Government of the United States of America, represented by the Secretary, Department of Health and Human Services |
| Street of mailing address:: | Office of Technology Transfer 6011 Executive Boulevard, Suite 325 |
| City of mailing address:: | Rockville |

State or Province of
mailing address:: MD
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 20852
Assignee name:: University of Kansas Medical Center
Street of mailing address:: 3901 Rainbow Boulevard

City of mailing address:: Kansas City
State or Province of
mailing address:: KS
Country of mailing
address:: US
Postal or Zip Code of
mailing address:: 66160-7702